

LAST NAME - FIRST NAME - MIDDLE INITIAL		DATE OF BIRTH	DATE
SOCIAL SECURITY NO.		<b>DEVICE INFORMATION</b>	
ADDRESS <i>(Street No., City, State and Zip Code)</i>		MAKE	MODEL
		SERIAL NUMBER(S)	
THIS ADDRESS IS: <input type="checkbox"/> PERMANEN <input type="checkbox"/> TEMPORARY			
<b>SECTION I - REPAIRS</b>			
DESCRIPTION OF DEFECTS <i>(Please check)</i>			
<input type="checkbox"/> DEAD	<input type="checkbox"/> FADE	<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> MOISTURE DAMAGE
<input type="checkbox"/> NOISY	<input type="checkbox"/> WEAK	<input type="checkbox"/> DISTORTED	<input type="checkbox"/> EXCESSIVE BATTERY DRAIN
		<input type="checkbox"/> TELE COIL DEAD/WEAK	<input type="checkbox"/> FEEDBACK
<b>SECTION II - ACCESSORIES</b>			
ITEM(S) NEEDED			
REMARKS			

VA FORM  
JUN 1998(RS)

**1107**

*(See instructions on reverse side)*

**REQUEST FOR REPAIRS,  
AND/OR ACCESSORIES**

## INSTRUCTIONS

### WHEN REPAIRS ARE NEEDED:

1. Fill out completely all items in top section and Section I on reverse side of this form. Enclose in the mailing carton along with the defective device.
2. Wrap device in protective foam blanket and fold over each end. Place device in the mailing carton furnished.
3. Seal the carton, attach the Denver Distribution Center postage-free label, and deposit in U.S. Postal Service mailbox.

**IMPORTANT - Send complete device: Transmitter, receiver, cords, tubing, etc.**

**DO NOT SEND EARMOLD, PRESENTATION CASE, EYEGLASS FRONTS, ETC.**

### WHEN ACCESSORIES ARE NEEDED FOR THIS DEVICE:

1. Fill out completely all items in top section and Section II on reverse side of this form. Indicate item(s) needed, cords, tubing, wax guards, earhooks, etc. Please indicate length when ordering cords or straight tubing.
2. Place defective items (cords or tubing if necessary) in package along with this card and seal.
3. Attach Denver Distribution Center postage-free label to package and deposit in U.S. Postal Service mailbox.

VA FORM 1107, JUN 1998 (RS)

*(See reverse side)*